







QATAR PRECISION HEALTH INSTITUTE			  
RESEARCH ACCESS DIRECTORATE			
QPHI GENOMIC ANALYSIS RETRIEVAL FORM			
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Research Application No. _____

1. PROJECT DETAILS	
Project Title	
Project Duration	
Proposed Start Date	
Grant Source	
Grant Number	




2. PRINCIPAL INVESTIGATOR'S DETAILS	
Title	
Surname	
Forename	
Designation	
Department	
Institution	
Telephone Number	
Institution Address	
Email Address	

3. CO-APPLICANT'S DETAILS	
Title	
Surname	
Forename	
Designation	
Department	
Institution	
Telephone Number	
Institution Address	
Email Address	

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4. CO-APPLICANT'S DETAILS				
Title				
Surname				
Forename				
Designation				
Department				
Institution				
Telephone Number				
Institution Address				
Email Address				
5. GENOMIC ANALYSIS DATA / FILES REQUESTED:				
Deliverable File Name	Details (File Format)	Details (File Size)	Analysis performed By	Date (File Created on)
6. JUSTIFICATION:				
1. Provide a clear justification for downloading this data.				
2. Provide a description of the analysis to be performed on this data post download				
3. Do the requested files contain individual level data (Individual-level genomic data refers to any genomic data (complete or partial) associated with an individual subject ID (assigned by QPHI or created by the PI))?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. If Yes, provide a detailed description of the data (number of participants, variation types, method of generation, etc.)				
7. SCIENTIFIC OFFICE APPROVALS				

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Any other comments:	
Name:	
Signature and Date:	

8. QPHI/QGP FOR REVIEW & DELIVERY

Data Sharing Mode	
Any other comments:	
Material Delivery Note is attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
QGP Manager	
Signature and Date:	

**9. RECEIPT NOTE BY PI:
(ACKNOWLEDGEMENT OF GENOMIC ANALYSIS DATA RECEIPT BY PRINCIPAL INVESTIGATOR)**

This is to acknowledge the receipt of the Data with Genomic analysis data in good condition and will be used and stored as agreed in the signed MTA & NDA agreement of QBB.

In case the PI has any claim regarding the provided analysis data, the PI should communicate to the Access office using the ACCESS CLAIM FORM QPHI-RES-FO-013 within 15 days of receipt of the data. No further claims will be entertained as per the MTA agreement signed by recipient (PI).

Principal Investigator:	
Name:	
Signature and Date:	